

10/526943

DT06 Rec'd PCT/PTO 08 MAR 2005

Application Data Sheet

APPLICATION INFORMATION

Application Number::
Filing Date:: 03/08/2005
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of Copies of CRF::
Title:: MEDICAMENT FOR PREVENTING AND/OR
TREATING INFLAMMATORY BOWEL DISEASE
Attorney Docket Number:: 234655
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshio
Family Name:: ARAKI
City of Residence:: Ootsu-shi
State or Prov. of Residence:: Shiga
Country of Residence:: Japan
Street of mailing address:: 13-20, Aoyama 6-chome
City of mailing address:: Ootsu-shi
State or Province of mailing address:: Shiga
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 520-2101

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Akira
Family Name:: ANDOH
City of Residence:: Kusatsu-shi
State or Prov. of Residence:: Shiga
Country of Residence:: Japan
Street of mailing address:: 4-11, Wakakusa 6-chome
City of mailing address:: Kusatsu-shi
State or Province of mailing address:: Shiga
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 525-0045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Yoshihide
Family Name:: FUJIYAMA
City of Residence:: Ootsu-shi
State or Prov. of Residence:: Shiga
Country of Residence:: Japan
Street of mailing address:: 41-22, Nangoh 2-chome
City of mailing address:: Ootsu-shi
State or Province of mailing address:: Shiga
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 520-0865

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application National Stage of PCT/JP2003/011487 09/09/03

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Japan	262324/2002	09/09/02	Yes

ASSIGNEE INFORMATION

Assignee name::	mitsubishi pharma corporation
Street of mailing address::	6-9, Hiranomachi 2-chome, Chuo-ku
City of mailing address::	Osaka-shi
State or Province of mailing address::	Osaka
Country of mailing address::	Japan
Postal or Zip Code of mailing address::	541-0046